

FULL FACILITY PROFILE

ORCHARD PARK CARE CENTER PROVIDER #: 465090 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 740 N 300 E PHONE NUMBER: (801) 224-0921 TOTAL: 89
 OREM UT 84057 PARTICIPATION DATE: 02/01/1982 CERTIFIED: 89 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 04/12/2001	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 89			
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TOTAL: 60	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 14	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 32					
OTHER: 14			89		

SURVEY DATES FROM: 04/09/2001 TO: 04/12/2001 PROGRAM REQUIREMENTS
 EXTENDED SURVEY DATES FROM: TO:
 DATE PROVIDER SIGNED POC: 05/10/2001
 REVISIT DATES: 05/16/2001

S/S CODE	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT - AFTER 09/30/1990					
					STATE		REGION		NATION	
					#	%	#	%	#	%
D	F0225	NOT EMPLOY PERSONS GUILTY OF ABUSE	05/14/2001	DEFICIENCY CORRECTED	2	5.1	33	7.6	785	10.8
D	F0253	HOUSEKEEPING & MAINTENANCE SERVICES	05/14/2001	DEFICIENCY CORRECTED	8	20.5	71	16.4	1205	16.5
D	F0316	APPROPRIATE TREATMENT FOR INCONTINENT RES	05/14/2001	DEFICIENCY CORRECTED	3	7.6	52	12.0	750	10.3
E	F0323	FACILITY IS FREE OF ACCIDENT HAZARDS	05/14/2001	DEFICIENCY CORRECTED	5	12.8	71	16.4	1445	19.8
D	F0426	FACILITY PROVIDES PHARMACEUTICAL SERVICES	05/14/2001	DEFICIENCY CORRECTED	5	12.8	11	2.5	392	5.3
D	F0496	NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF	05/14/2001	DEFICIENCY CORRECTED	5	12.8	9	2.0	154	2.1
E	F0514	CLINICAL RECORDS MEET PROFESSIONAL STANDARDS	05/14/2001	DEFICIENCY CORRECTED	2	5.1	14	3.2	873	12.0

BUILDING CHARACTERISTICS			
BUILDING NUMBER	TYPE OF BUILDING	EDITION OF LSC APPLIED	LSC COMPLIANCE STATUS
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01	BUILDING	85 EXIST	FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE POC

SURVEY DATES FROM: 04/09/2001 TO: 04/12/2001 LSC DEFICIENCIES
 EXTENDED SURVEY DATES FROM: TO:
 DATE PROVIDER SIGNED POC: 03/10/2001
 REVISIT DATES: 03/29/2001

BUILDING NUM	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT - AFTER 09/30/1990					
					STATE		REGION		NATION	
					#	%	#	%	#	%
01	K0070	SPACE HEATERS	03/25/2001	DEFICIENCY CORRECTED	2	5.1	5	1.1	62	0.8
01	K0072	FURNISHING AND DECORATIONS	03/25/2001	DEFICIENCY CORRECTED	7	17.9	34	7.8	143	1.9
01	K0130	OTHER	03/25/2001	DEFICIENCY CORRECTED	24	61.5	121	28.0	933	12.8

TYPE OF DEFICIENCY	TOTAL THIS FACILITY	AVERAGE NUMBER OF DEFICIENCIES PER FACILITY		
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CONDITION/LEVEL A	0	0.00	0.00	00.00
REQUIREMENT	7	3.46	4.86	05.95
HEALTH TOTAL	7	3.46	4.86	05.95
LIFE SAFETY CODE	3	3.30	4.17	02.15
LIFE SAFETY CODE + HEALTH	10	6.76	9.03	08.11